

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		7/5/01
O.I.P.E. CLASSIFIER		12	7/13
FORMALITY REVIEW	H.T.	1117	8/18/01
RESPONSE FORMALITY REVIEW	8/18	817	10/11/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/11/01
2	✓	✓	6/6/01
3	✓	✓	6/6/01
4	✓	✓	6/6/01
5	✓	✓	6/6/01
6	✓	✓	6/6/01
7	✓	✓	6/6/01
8	✓	✓	6/6/01
9	✓	✓	6/6/01
10	✓	✓	6/6/01
11	✓	✓	6/6/01
12	✓	✓	6/6/01
13	✓	✓	6/6/01
14	✓	✓	6/6/01
15	✓	✓	6/6/01
16	✓	✓	6/6/01
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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